

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001735

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 493

FILED FEB 8 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in 1b

42 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

2839 Troost (Troost N.H.)

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jackson

c. CITY
OR
TOWN

Kansas City

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

8829 Troost

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

John

Middle

William

Last

Mayer

4. DATE OF DEATH

Month

Day

Year

1

24

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☐ Never Married

☐ Divorced

Widowed ☒

8. DATE OF BIRTH

7/22/1882

9. AGE (last birthday)

80

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet maker

10b. KIND OF BUSINESS OR INDUSTRY

Carpentry

11. BIRTHPLACE (City and state or country)

California, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John E. Mayer

13b. MOTHER'S MAIDEN NAME

Anna L. Bentz

14. NAME OF HUSBAND OR WIFE

Maude Mayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mr. Paul K. Mayer

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:)

31 Mr. Paul K. Mayer 2806 Oakley

IMMEDIATE CAUSE (a)

Hypostatic P. pneumoniae

Ca of lung

2 yrs.

3 days

2 yrs.

2 yrs.

2 yrs.

2 yrs.

2 yrs.

2 yrs.

2 yrs.

2 yrs.

2 yrs.

2 yrs.

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2 yrs.

2 yrs.

2 yrs.

2 yrs.

2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pneumoniae pneumoniae - P. pneumoniae

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to 24 Jan 63 and last saw him alive on 24 Jan 63

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert M. Myers M.D.

22b. ADDRESS

906 Grand Ave

22c. DATE SIGNED

1-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/26/1963

23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

23d. LOCATION (City, town, or county)

Lebanon, Mo

(State)

24. FUNERAL DIRECTOR

C.H. Blackman

ADDRESS

1-25-63

25. DATE RECD. BY LOCAL REG.

1-25-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Robert M. Myers MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1

2 3428

3

4 0

5 2

6

7 0

8 0

9 163X

10

11

12 86-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard B. Baird

Licensed Embalmer No.

4888

P. O. Address

RC 24, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.